

<b>Policy Name:</b>	<b>Sacroiliac Joint Fusion, Open and Minimally Invasive – Mayo Medical Plan Only</b>
<b>Effective Date:</b>	<b>8/19/2020</b>

### Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member’s plan document for other specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

NOTE: THIS POLICY APPLIES TO MAYO MEDICAL PLAN (MMP) MEMBERS.

NOTE: For all other medica members, Medica is using clinical criteria developed by Carelon, a utilization management (UM) program third-party vendor, to assist in administering minimally invasive sacroiliac joint fusion. See also Medica UM Policy, *Sacroiliac Joint Fusion, Open*.

### Coverage Policy

Open sacroiliac (SI) joint fusion is **COVERED** for treatment of:

1. Sacral tumors when used adjunctively with sacrectomy or partial sacrectomy
2. Sacroiliac joint infection when used adjunctively with medical treatment (e.g., osteomyelitis, pyogenic sacroiliitis)
3. Traumatic injuries (e.g., pelvic ring fracture, acetabular fracture, spinopelvic dissociation).

Open SI joint fusion is investigative and unproven and therefore **NOT COVERED** for all other indications including, but not limited to:

1. Degenerative sacroiliac joint
2. Mechanical low back pain
3. Radicular pain syndromes
4. Sacroiliac joint syndrome.

There is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

Minimally invasive SI joint fusion using the iFuse Implant System is **COVERED** for the treatment of moderate-to-severe SI joint pain that:

1. Limits activities of daily living or demonstrates functional disability
2. Is refractory to intensive conservative therapy

Minimally invasive SI joint fusion using other device systems and for all other indications is investigative and unproven and therefore **NOT COVERED**. Reliable evidence does not permit conclusions concerning its effectiveness. There is insufficient reliable evidence in the form of high-quality peer-reviewed medical literature to establish the safety and efficacy or effects on health care outcomes.

**Note:** See also related Medica coverage policies; *Percutaneous Radiofrequency and Laser Ablation/Denervation*

*Procedures for Facet and Sacroiliac Joints, Laser Spine Surgeries, and Minimally Invasive Spine Surgeries.*

## **Description**

The sacroiliac joint is a diarthrodial (freely movable) joint between the ilium and sacral section of the spine. It functions in the transmission and dissipation of truncal loads to the lower extremities, in limiting x-axis rotation, and facilitating parturition. SI joint motion is small during normal physiologic activity (other than its role in pregnancy and childbirth), not exceeding 2 to 3 degrees or 2 mm of motion in the transverse or longitudinal planes. The SI joint as the primary source of lower back pain is implicated in approximately 10 – 30% of the population. A symptomatic SI joint can present with multiple pain patterns throughout the lumbar region, buttocks, groin, thigh, and leg. Because of its complexity, there are no reliable historical, physical, or radiological features to provide a definitive diagnosis of SI joint pain. Fluoroscopically guided injection of a local anesthetic helps confirm or exclude the diagnosis.

Typically, treatment for SI joint disorders is nonsurgical. However, in the 1920's and early 1930's, these disorders were frequently treated with fusion using various open-procedure techniques. These include anterior and posterior approaches with and without screws or plates and a posterior midline fascial splitting approach. The surgery typically involves opening the SI joint, denuding of cartilage, and bone grafting. The iliac crest bone and the sacrum are typically held together by plates or screws or an interbody fusion cage until the two bones fuse.

Fusion became infrequent in the early 1930s after the discovery of disc herniation as a source of pain in the lumbar spine. With the advent of a minimally invasive approach (iFuse Implant System), SI joint fusion is once again under investigation. The iFuse system consists of sterile, rigid titanium rods intended to minimize joint rotation, maximize joint surface area, and facilitate fixation to bone. Using general anesthesia, fluoroscopic guidance, and a small (approximately 3 centimeter) incision, the surgeon places a series of two to four implants (normally three) across the SI joint. No bone grafting is required.

## **FDA Approval**

Sacroiliac joint fusions are procedures and therefore not regulated by the FDA. Multiple devices used in open spine procedures have received FDA approval. Several device systems for use in minimally invasive sacroiliac joint procedures have received FDA clearance, including but not limited to, iFuse Implant System (SI-Bone, Inc.).

## **Prior Authorization**

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

## **Coding Considerations**

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

### **CPT Codes:**

- **27279** - Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
- **27280** - Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed

**Medica Coverage Policy**



Original Effective Date: 11/19/2018

Re-Review Date(s): 02/25/2020 – Administrative update; format  
07/28/2020  
05/01/2024 – Administrative update; policy applies to Mayo Medical Plan members only

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